

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH *Birth Cert. no. 58*

FILED VS. AUG. 3, 1960 *264* Registration District No. _____ Primary Registration District No. _____ Registrar's No. *42* -60-027772 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Ozark</i> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Gainesville</i> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Ozark</i> c. CITY OR TOWN <i>Gainesville</i> d. STREET ADDRESS (If outside, give location) _____ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED First Middle Last <i>Wesley Dean Scott</i> (Type or print)				4. DATE OF DEATH Month Day Year <i>7-9-60</i>					
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <i>Infant</i>		8. DATE OF BIRTH <i>7-8-60</i>		9. AGE (last birthday) IF UNDER 1 YEAR Months <i>1</i> Days _____ IF UNDER 24 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <i>Gainesville Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Clarence W. Scott</i>				13b. MOTHER'S MAIDEN NAME <i>Ethel Smart</i>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <i>Clarence Scott Gainesville</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>SUFFOCATION</i> DUE TO (b) <i>ASPIRATION OF MUCOUS</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <i>immediate</i> <i>immediate</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Possible brain damage secondary to difficult delivery</i>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____			
21. I attended the deceased from <i>7-8-60</i> to <i>7-9-60</i> and last saw <i>her</i> live on <i>7-8-60</i> Death occurred at <i>12:15 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Arthur L. Beardmo.</i>				22b. ADDRESS <i>Gainesville, Mo.</i>		22c. DATE SIGNED <i>7-21-60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>7-10-60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sims</i>		23d. LOCATION (City, town, or county) (State) <i>Ozark Co. Mo.</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Clint Kingbeard Gainesville</i>				25. DATE RECD. BY LOCAL REG. <i>7-25-60</i>		REGISTRAR'S SIGNATURE <i>Thane Mahan</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.